

REGISTRAR'S OFFICE

Georgia Public Safety Training Center
1000 Indian Springs Drive
Forsyth, Georgia 31029-9599

Telephone 478-993-4412 Fax Phone 478-993-4303

Student Authorization Form

FOR GPSTC OFFICE USE ONLY

Entered By: _____

AGENCY INFORMATION

COURSE INFORMATION

Please print or type all agency information

(1) Agency: _____

(2) GPSTC Dept. Code: _____
(from mailing label)

(3) Address: _____

(4) City: _____

(5) State: _____ Zip: _____

(6) Agency Phone #: _____

(7) Training Officer Phone #: _____

(8) Agency Head (or designee): _____

(9) Type of Agency: ☐ Government: ☐ Subscription
☐ Municipal ☐ State ☐ Private Corporation
☐ County ☐ Federal ☐ Profit ☐ Non-Profit (under IRS provisions)
☐ Out-of-State ☐ Private Citizen

(10) GPSTC Course Number: _____

(11) Course Title: _____

(12) Dates: _____

STUDENT INFORMATION

Only three (3) students per agency should be listed, in order of acceptance priority.

	Student #1	Student #2	Student #3
(13) Name:			
(14) SSN:			
(15) Sex:			
(16) Certification #:			
(17) Certification Date:			
(18) Certification Type:			
(19) Date of Birth:			
(20) Date Joined Agency:			
(21) Rank:			
(22) Current Assignment:			

WAIT LISTED STUDENTS - If placed on the waiting list, students can not be registered for any other class with the same title NOR any class that starts or ends during the same period. The waiting list is for this class only. If the student is not selected for this class before the start date, the application will be cancelled.

AUTHORIZATION

By the signature below, I verify that the student listed above has met or will have met all prerequisites for this class by the start date. All applicants for this program must supply proof to the course coordinator on the first day of class that he/she has satisfactorily completed the noted prerequisites. Failure to do so will require that the applicant be dismissed from the training program.

(23) Agency Head (or Designee) _____ Title: _____ Date: _____
(Type or print)

(24) Signature: _____

Authorization for GEMA Programs only (Courses with prefixes EEMA)

(25) Signed: _____ Agency: _____ Date: _____

(Must be signed by the local Emergency Management Agency Director)

WILDLAND FIRE PERSONAL PROTECTIVE EQUIPMENT VERIFICATION CHECKLIST



Supervisor complete the date block beside each item upon issue/inspection
Submit a copy of this completed form with all registrations

Employee Name:

Date Employed:

Unit:

Supervisor:

Date Issued

15. ANSI-89 HARDHAT

16. ANSI-87 GOGGLES/EYE PROTECTION

17. USFS SPEC. FIRE SHIRT

18. USFS SPEC. LEATHER FIRE GLOVES

19. USFS SPEC. FIRE SHELTER

20. USFS SPEC. FIRE PANTS, JEAN or
"BDU" STYLE (may be large enough to be
used as an "overpant") or NFPA 1977
SPEC. YELLOW "OVERPANT"

21. NFPA SPEC. FIRELINE BOOTS
Note: Must be accompanied by copy of boot
spec. form.



Supervisor Signature:

Position:

Date Complete:

It is the responsibility of the immediate supervisor to insure that all personnel who are subject to fire duty, prescribed fire jobs or attending a practical fire training session, have been issued the required fireline PPE as illustrated on this form, Prior to the assignment

"OPTIONAL" PERSONAL ITEMS PURCHASED BY INDIVIDUAL OR SUPERVISOR DISCRETION

- Radio "chest packs"
- Backpacks or specialized "web-gear" (gear harnesses, flashlight/canteen holders, fanny packs, etc.)
- Other than "agency issued" eye protection must meet ANSI specs.

MINIMUM STANDARDS FOR WILDLAND FIRE PROTECTIVE FOOTWEAR

Present this specification sheet to vendor. The vendor must guarantee that the manufacturer of the boot offered for purchase as an item of wildland fire protective footwear meets, or exceeds, the standards specified.



Recommended boot design is shown above and meets at least the following requirements

1. Eight inch minimum boot height
2. All leather uppers
3. Lace up
4. Defined heel
5. Oil resistant
6. Rating of Good or Better on sole heat resistance
7. Non-slip sole
8. Color may be any shade of: Green Brown Black (circle color offered)

Or Certified and Labeled by the Manufacturer as: *"Meets or Exceeds NFPA 1977 Standard for Wildland Fire protective Footwear"*

Name/Address /Phone # of Vendor		Name/Address/Phone # of Manufacturer	
I have reviewed and confirm the above specifications are met by the boot sold as an item of wildland fire personal protective safety equipment (Vendor sign and date):			
Employee Name:		Employee Unit	
Unit Supervisor:		Supervisor Position:	